

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							5	
2							5	
3							5	
4							5	
5							5	
6								
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21								
22								
23								
24								
25								
26								
27	1							
28	1							
29	1							
30	1							
31	1							
32	1							
33	1							
34	5							
35	5							
36	5							
37	1							
38								
39	1							
40	1							
41	1							
42	1							
43	1							
44	1							
45	1							
46	1							
47	1							
48	5							
49								
50	5							
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								